2154

Practitioner's Docket No.: INT-002 *PATENT*

OIPE
JAN 21 2004
PATENT & TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas R. Doty, Jr.
Serial No.: 09/635,562 Group No.: 2154
Filed: August 10, 2000 Examiner: El Hady, Nabil M.
For: "System, Device And Method For Combining Streaming Video With E-Mail"

Mail Stop ~~Non-~~Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

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Technology Center 2100

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. §1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: January 15, 2004

FACSIMILE
☐ transmitted by facsimile to the Patent and Trademark Office.

Greg O'Bradovich
Signature

Greg O'Bradovich
(type or print name of person certifying)

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee for Small Entity: $55.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit. Fee
Total	16	Minus	20	= 0	x $9 =	$0
Indep.	2	Minus	3	= 0	x $42 =	$0
First Presentation of Multiple Dependent Claim					+ $135 =	$0
					Total Addit. Fee	$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

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FEE PAYMENT

5. Attached is a check in the sum of $55.00, check no. 5948.

SIGNATURE OF PRACTITIONER

Reg. No. 42,945

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